

MIECHV FAQ

Q. I want to verify what my goals are with the XXX training that we are planning to offer in December. We plan to pay \$35,000 to XXX for a total of 35 slots. We plan to fill these slots with MIECHV staff, other program staff (ie those who allocate time to IDPH HOPES,etc) and lastly offer this to other MIECHV staff in other areas. Is this acceptable to do and pay for with MIECHV?

A. It is acceptable to use MIECHV funds as you mentioned. Of course we strongly encourage training that is research-based and has evidence of its effectiveness.

Q. Will Early Head Start programs in this project be subject to the tri-annual reviews that federal EHS programs have for coordinated intake?

A. EHS programs are subject to tri-annual peer reviews. This program will also be subject to the federal peer review, federal and regional project monitoring.

Q. There is a rumor swirling that the project would be part of EHS's PIR (Program Information Report). If so, does the regional office in Kansas City know about this? All EHS programs in Iowa have a federal Program Specialist in Kansas City. They and Washington analyze PIR every year. They are going to wonder why EHS is serving over the funded enrollment and it will alter all of EHS's statistics for health, education, attendance, and so forth.

A. We can only implement the EHS program with approval and monitoring with the federal head start bureau. They have already provided that approval.

Q. In order for EHS to do monitoring services and PIR, they have a computer program, much like Gold. They pay per child for that, would that cost be included in the money allocated to XXX (\$5,000 per child)?

A. XXX will need to determine how they allocate funding to programs. The \$5000 per family was used to calculate a funding formula to local communities. How you in turn distribute those funds may be very different based on program and organizational costs.

Q. Is the student identifier cost also to come out of the local budgets?

A. There is not a cost for the student identifier for local programs.

Q. You stated in the webinar that each program model would stay intact instead of changing program content to expand services. An example of what we've done in the past with ECI funds is that we've granted funds to EHS to serve families who are above their income guidelines that

would not normally be served by EHS (120% of poverty instead of 100%). Is this something that these funds could be used for, or only for the regular EHS population?

A. We must stay true to the fidelity of the EHS model. We can enhance services but we cannot change something like the eligibility criteria.

Q. Can agencies in our community that provide services that would mitigate risk factors for families in home-visiting services be funded by the MIECHV dollars, for example, but not limited to the following: transportation service listed as a subcontractor to help meet a family's medical or other necessary transportation needs, The Council on Sexual Assault and Domestic Violence listed as a subcontractor to provide in-depth education to home visitors on domestic violence and/or group support for participants in home visiting services that need assistance, a child abuse prevention agency to provide in-depth mandatory reporting training?

A. Yes, that is possible, and is happening with some of our current contractors. They are subcontracting with programs and agencies to provide needed services for programs and families. Some have been pretty creative in what they can provide to better help families.

Q. Contract question - in the contract it states under Article VII (Performance Measure) that Contractor must show improvement in at least 1 of the benchmarks by the end of the contract period. We feel this is going to be difficult considering we haven't even begun the hiring process yet - my contract was not fully executed until 2 days ago, and now we are waiting on the subcontracts to get approved - advertising for positions won't go in until next Friday (9/28). Workers likely won't start until mid-October, and then they have to be trained. This potentially leaves only 4-5 months of potentially seeing families. With the LSP, how will it even be possible for the families to be properly assessed by end of the contract period? We are really worried about this....

A. We are definitely aware of the short amount of time in the reporting period. We realize that it takes time to get the program up and running, staff hired, etc. Once you become more familiar with the benchmark plan and data collection, that you will see that achieving these goals will not be as difficult as it seems right now. Again, know that we are all very aware of the time frames, and are going to be keeping a close eye on all of those things.

Q. Can other ECI contractors who are not MIECHV that have iPads attend the REDCap training? Will they be allowed to use REDCap, or will there be a fee? Our Resource Center purchased iPads for their workers this week and are very interested in attending this training (they are supported with ECI Family Support funds).

A. The next couple of REDCap trainings are specific to MIECHV and will also provide training on Benchmarks, which are specific to MIECHV Contractors only. We are going to have lots of folks in attendance, so if we can keep it to MIECHV staff only at this point, that it probably best. We are however, working on the ECI Data Reporting piece for family support within REDCap and there will be training based on this, at a later date. I would suggest your ECI folks hold off a bit longer, but please let them know it's in the works.

Q. If this grant goes away after project end, will the REDCap data on families still be retrievable for the programs?

A. Yes, we have made sure that the information will be available.

Q. Can some of the trainings be done locally? For example, our local Council Against Sexual & Domestic Violence does the DOVE training.

A. Absolutely. We think those connections and collaborations are of the utmost importance. If your local DV council has a trainer to provide the Futures without Violence training, then yes, go for that. We do want to assure that our MIECHV Contracted staff received the training in it's entirety, so that includes all of the modules, which equals a full day of training. If your local council wants to visit with me about that, I would be happy to talk to them. There are other trainings that can be done locally as well.

Q. The monthly meetings for MIECHV - who is required to attend or phone in to those? Just me as the program administrator, or all subcontractors, too? I think some of them would like to participate if they can.

A. We really leave that up to each contractor. I would say for the most part we have Program Directors and Administrators on the line, some supervisors and there is usually a FSW or two. It's important for each contractor to have some sort of representation on the call, but we want you to review the agenda and make those decisions for yourself. We are doing a better job of making these calls a lot more interactive, and try to give you a little notice as to what kind of information we want to gather from folks at the meetings. There are times where the questions are good for administration, program supervisors and even family support workers. It's a great way to learn!

Q. As everyone is rushing out to buy iPads, the question arose of whether they can use MIECHV funds to purchase iPads for all staff, or just MIECHV staff.

A. MIECHV funds can only be used to purchase iPads for MIECHV staff.

Q. Since our grant started so late this year, will we be allowed to carry any funds over into Year 2?

A. No, there is not an option for carry over funds.

Q. As we market and recruit for new families, do we need to put a disclaimer anywhere (on brochures or other items) that these are federal funds?

A. I am not sure that you would have to do this in any marketing material. You will of course want to have something, in your Statement of Rights and/or Release of Information about this being a research project so that families are aware.

Q. We are planning on spending some of our training funds to bring a "Bridges Out of Poverty" event to Sioux City. What are our limitations in doing this? As in, if we open this up to other agencies as well, can we only use the grant funds to pay for our staff lunches and materials? If we do open up to other agencies, do we need to charge them for some costs? Any info/guidance you can give me on this would be much appreciated!

A. If you are offering training for MIECHV staff and invite others to it, you are okay in doing so and do not need to have them pay a stipend or any costs associated. There is nothing that would prohibit from providing lunch at training that they sponsor. My main concern is the content of the training. Bridges Out of Poverty is not research-based and promotes stereotypes of low income families. We strongly encourage training that is research-based and have evidence of its effectiveness

REDCap Specific Questions

Q. When do we click that our record is complete in redcap?

A. Hit complete once you've entered valid information on that family- even if you know you'll go back in and enter more information later. An example of this would be "demographics" on a prenatal mom. Even though you will be entering the child's information later, still save it as complete since the data you entered is valid for mom. The same is true for the "QSR". If you enter data for a quarter, save it as complete even though you will be going in later to enter more information in that section. "Unverified" can be used if you know you need to remind yourself to go back in soon after a visit because, for example, you need to double check one or a couple pieces of data. "Incomplete" can be used if there is a significant amount of information still missing.

Q. For families with dual insurance, which one do I report since I can only choose one?

A. Report primary insurance or the insurance used most often by the primary caregiver or child.

Q. We leave questions about the child blank if MOB is pregnant. Does that apply to the questions about 'number of children needing injury medical care and enrolled children having DHS reports'? Leave blank or put zero?

A. Leave anything related to the child's information blank if the child has not been born.

Q. If the primary caregiver is unemployed but someone else in the household is working, should their income be "0" or should the income of the other member of the household be listed?

A. Income is self-reported but should reflect the income of the household. It does not have to reflect the income of the primary caregiver alone. In this example, the income would reflect the income of the other member of the household.

Q. When should the initial AOD screening take place.

A. The AOD should be completed annually. The initial AOD should be completed as close to enrollment as possible. That said, the subject matter may be sensitive and therefore does not have to be the first thing you start with a family. Answers may change over time, as you become more comfortable with the family and them with you, and that is OK.

Q. Should the Relationship Assessment be done if the primary caregiver is not in a relationship.

A. Yes. Per the training, it should be completed with all participants. Answers can reflect that there are no current problems but you can use the tool as a talking piece to discuss previous or future relationships.

Q. Some tools or individuals questions are completed based on the child's birthdate, like the CHDR, the ASQ, and the breastfeeding question in the QSR (among others). If a child enters the program at 3 months of age and there was a CHDR due when the child was 2 months of age, should we go back and re-do previous assessments for the child.

A. You do not need to go back and re-do an assessment from before the child was enrolled in the program. You may begin from age of enrollment and work from there. Some tools, like the ASQ, can be completed within a certain window of time. If the child is within that window of time, you may fill out that assessment on the child and work from that point. The same is true for questions related to a child's age. If the child is beyond the age range, you may leave the question blank.

Q. If a tool is self-administered, does it mean that home visitors should hand their iPad over to the family to complete the tool?

A. You may choose to fill out the tool yourself based on the primary caregiver's response, or you may hand it to them to complete the tool. Though you are not required to do it this way, handing the iPad to a primary caregiver to have them fill out a questionnaire is a great way to engage a family.